



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF FUNERAL DIRECTORS AND EMBALMERS
BURIAL SERVICES SECTION
DAVY CROCKETT TOWER
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
PHONE (615) 741-5062
FAX (615) 532-1903
<http://funeral.tn.gov>**

COMPLAINT FORM

BOARD/COMMISSION

Date of Complaint

(Complainant)

VS

(Respondent - Business)

(Mailing Address)

(Street Address)

(City, State, Zip)

(City, State, Zip)

(Best Contact Telephone Number)

(Telephone Number)

A complaint cannot be processed without the above information. Also, please provide the following information to enable our investigator to contact you concerning your complaint should a personal interview become necessary.

Name of Your Employer _____

Employer's Address _____
(Street Address) (City, State, Zip)

Business Phone _____

Complainant Signature X _____

BASIS FOR YOUR COMPLAINT

Give a complete statement of the facts and include dates. Add additional sheets if necessary. Also, attach copies of all documents that will support your allegations.

[illegible]

Other person(s) with firsthand knowledge of your complaint:

Name _____

Address _____
(Street Address) (City, State, Zip)

Home Phone _____ Business Phone _____

(Attach an additional sheet if necessary.)

Are you represented by an attorney? Yes _____ No _____

If yes, please provide the following:

Name of Attorney _____

Address _____
(Mailing Address) (City, State, Zip)

Phone _____

Are you licensed by this State Board? Yes _____ No _____

If yes, provide license number(s) _____